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ABSTRACT

THE BASES AND NEED FOR MINNESOTA'S FAMILY ORIENTED SERVICES FOR HEARING IMPAIRED PRESCHOOLERS ARE STATED. GUIDELINES SPECIFY PROGRAM OBJECTIVES AND STANDARDS, AND DESCRIBE THE INSTRUCTIONAL AND COMPREHENSIVE PROGRAMS. THE NEED FOR PARENT INVOLVEMENT IS CONSIDERED ALONG WITH PARENT COUNSELING AND GUIDANCE. ALSO DELINEATED ARE SITE, PERSONNEL QUALIFICATIONS, CLASS SIZE, PROGRAM EVALUATION, STATE REIMBURSEMENT, AND FOUNDATION AND TRANSPORTATION AIDS. (JD)

ED036016

EDUCATIONAL GUIDELINES:

A

FAMILY-ORIENTED PRESCHOOL PROGRAM

FOR

HEARING-IMPAIRED CHILDREN

IN MINNESOTA

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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EDUCATIONAL GUIDELINES

FOR A

COMPREHENSIVE FAMILY-ORIENTED PRESCHOOL PROGRAM

FOR

HEARING-IMPAIRED CHILDREN

THE LAW (Amendment to M.S. 1965, Section 120.17, Subdivision 1)

> "Every school district and unorganized territory may provide special instruction and services for handicapped children who have not attained school age."

The term "preschool" covers the span of years beginning at birth, or as soon as the diagnosis of hearing loss has been established, until age four when mandatory local school district responsibility begins. (M.S. 120.17, Subdivision1)

The continum of services available to children with a hearing loss ranges from identification to appropriate educational and vocational training. The physical setting may range from integration into regular classes in a local school district, with or without supplemental instruction, to special class placement in a day or residential school.

THE CORNERSTONE OF IMPLEMENTATION

A home-centered, parent-guided, natural language approach to learning for the preschool hearing-impaired child will provide optimum conditions for his emotional, social, and intellectual development.

These flexible services may be offered by individual school districts, through an inter-district facility, regional center, or by an intinerant professional worker through home visitation.

PREMISES

1. The center of learning for a preschool hearing-impaired child is in the home, where spontaneous lip-reading, use of residual hearing, and speech receive their maximum encouragement. Parents provide the richness of language directed to a child which enables learning to take place.

2. Parent counseling and education is a necessary corollary to the successful education of a preschool hearing-impaired child.

3. The pattern of services applies to hard-of-hearing and deaf children throughout the preschool years.

DEFINITION

Hearing-Impaired - a hearing-impaired child is any child with a hearing loss which is handicapping educationally and developmentally. This term includes children who may later be educationally classified as hard-of-hearing as well as those who may later be classified as deaf.

PHILOSOPHY

The optimum period for language acquisition is from birth to four years of age. Experiences during these years have serious influence upon the child's ultimate social and emotional stability, linguistic growth,

and general intellectual attainment. The basic temperament and distinctive personality characteristics of children are well-established by the age of six. The active, exploratory preschool years are critical ones. If they are not properly used for language and acoustic input, a child's potential for cognitive development may not be realized.

During the preschool years, the deaf child's intellectual development, ability to reason and use of imagination are largely dependent upon a supportive emotional and linguistic enviorment in the home.

A hearing child comes to school with the ability to use language as an effective tool for expressing his interests, knowledge, and limitations. He uses language to master his environment, with a high proportion of growth in all areas. A hearing-impaired child is educationally handicapped by his communication limitation.

NEED FOR PARENT INVOLVEMENT

Successful language and speech development in a hearing-impaired child depend upon positive relationships in the home. The ultimate success of a long-range educational program for any hearing-impaired child is dependent upon the parents' mature acceptance of his hearing loss, their feelings toward him, and their skill in dealing with the problem.

Willingness to use language in new situations and use of speech with attitudes of confidence and competitiveness are behavioral objectives during the preschool years. In addition, early preschool training and parent guidance contribute to optimum daily benefit from wearing a hearing aid.

Hearing-impaired children given early auditory and language stimulation are found to be superior to children who have not had such experience, in terms of educational achievement, lipreading skills, and in the use of speech and residual hearing.

When parents link daily conversation with child-centered experiences as they occur, language becomes meaningful and useful to the hearing-impaired child as a social and cognitive tool.

The critical need for initial parent counseling and guidance is at the moment of impact, when the diagnosis of deafness is first made. Since the vast majority of parents of hearing-impaired children have no previous acquaintance with deafness, they possess no prior skill developing from normal experience to help initially.

Thus the frame of reference guiding parents to promote receptive and expressive language in their hearing-impaired preschooler must be furnished by an appropriate counselor.

OBJECTIVES OF A PRESCHOOL PROGRAM FOR A HEARING-IMPAIRED CHILD AND HIS FAMILY

A. Behavioral Objectives for Children

1. Preschool education offers a special kind of diagnostic opportunity. This contributes to a greater professional understanding concerning appropriate educational placement of a hearing-impaired child when he reaches school age.

2. It is expected that the number of hearing-impaired children who can be effectively serviced in their local school district, with or without supplemental instruction, will be increased significantly.

3. Development of the child's reliance upon language as a normal means of communication.

4. Enrichment of the child's auditory experience to insure optimum use of his residual hearing.

5. Spontaneous ability of the child to use his vioce purposefully in communication, monitoring its volume, despite the child's imperfect speech and immature language patterns.

6. Increased maturity to a level compatible with the child's age and stage of development.

7. Evidence of relaxed confidence on the part of a child, demonstrated by curiosity, self-reliance, competitiveness, a sense of humor, and willingness to try new experiences.

B. Behavioral Objectives for Parents

1. Development of emotional stability and resourcefulness in the hearing-impaired child's parents, based upon a realistic assessment of the child's abilities and hearing loss.

PARENT COUNSELING AND GUIDANCE

A sustained parent guidance and counseling program is essential to the normal intellectual and social development of a preschool hearing-impaired child. The counselor's first concern is for the feelings and needs of the parents as individuals.

A counselor has the dual role of meeting the parents' anxieties and questions in coordination with focusing their attention upon the linguistic and auditory stimulation of their hearing-impaired child.

Parent counseling sessions must consider such aspects of the hearing-impaired child's growth and development as:

. . . . independence in play
. . . . self-help
. . . . discipline
. . . . motor coordination
. . . . sibling relationships
. . . . social interaction
. . . . mobility
. . . . safety habits
. . . . auditory discrimination
. . . . lipreading skills
. . . . growth in receptive and expressive language

The recurring pattern woven through each of these dimensions of child development is encouragement of a parent to direct natural conversation to her child about his activities as they occur and to emphasize the acoustic-aural training of residual hearing at all times. Language must always be accompanied by a rich variety of first-hand experiences appropriate to the preschool child's age and stange of development.

PROGRAM STANDARDS

A. Identification

Every infant and young child's hearing can and should be evaluated. If the child fails to respond to environmental sounds, speech, or isn't talking naturally by age two, professional inquiry and evaluation should be accomplished.

B. Diagnostic and Evaluative Workups

Prior to the educational programming for a preschool hearing-impaired child, the following examinations must be completed:

. . . . Medical examination
. . . . Otological examination
. . . . Audiological evaluation
. . . . A clinical psychological examination if there is a question of disability beyond hearing-loss

C. Functional Psycho-educational Diagnosis and Evaluation

The psycho-educational diagnostician is usually and most desirably his teacher, and the diagnosis is carried out as integral, on-going part of the education of the preschool hearing-impaired child. The teacher may function in the home or in a classroom setting.

The teacher continuously appraises the child's response to learning tasks structured on the basis of carefully selected learning goals. She diagnoses continuously as she teaches to determine how the next learning task should be tailored and the educational plan modified.

The process is:

. . . . assessment of status	. . . . teaching
. . . . establishment of teaching objectives	. . . . reassessment of status
	. . . . re-setting of objectives

The long-range goal is to help the child attain the skills he needs to cope effectively with his environment and find personal satisfaction in living.

D. Concept of Regionalization of Services

The Minnesota State Plan has identified the major need "to make special education services equitably available to all of Minnesota's handicapped children."

The intent of the Special Education Section of the Minnesota Department of Education is to develop regional programs throughout the state which will offer services of a professional parent counselor for family guidance as well as systematic promotion of language development and communication skills. This would include auditory training and other formal educational services, offered preschool hearing-impaired children and commencing as soon as the diagnosis of hearing loss is made.

INSTRUCTIONAL PROGRAM

1. The individual components of a comprehensive preschool program in Minnesota are:

   A. Parent counseling and guidance, in group and individual therapy sessions

   B. Nursery school experience with hearing children

   C. In-service training of nursery teachers

   D. Site visitations of nursery schools serving hearing-impaired children

   E. Individual tutoring of the hearing-impaired child

   F. Parents' workshop

   G. Home visitation, (Demonstration Home or family domicile)

An effective preschool program for a hearing-impaired child involves a series of guided experiences for the child and his parents in both an individual and group setting, under the direction of an individual holding appropriate professional certification. Such a program offers a firm foundation for the development of connective language and utilization of residual hearing by hearing-impaired children in a setting of various learn-by-doing situations.

The needs of <u>all</u> preschool children are the same. They possess the same emotional and psychological yearnings and motivations. Their center of learning and stimulation is in the home. In the case of hearing-impaired preschool children, additional support is furnished by individual and group tutoring as well as play-learning experiences in a nursery school setting when appropriate.

All parents of preschoolers, whether hearing or hearing-impaired, have similar responsibilities to their children. All need to assure that their home offers a suitable physical, intellectual, and emotional environment for normal child development. The purpose of parent counseling is to help parents design and provide this environment.

Parents of hearing-impaired preschoolers require, in addition, specific direction and training in order to communicate verbally with their children in an effective way. They must be guided toward recognition acceptance, and understanding of their child's hearing loss and its implications for all aspects of child growth and development.

2. Cornerstone of the Instructional Program

A hearing-impaired child of preschool age (below age four, with no minimum age specified) shall have the opportunity to receive the educational program which is necessary for his optimum social, emotional, and intellectual development. In designing such a program based upon individual differences, the type of professional intervention shall depend upon:

- . . . . amount of residual hearing
- . . . . intellectual ability
- . . . . relationships between parent and child
- . . . . varities of strengths and resources within the child, his family, and the community

3. Range of Service Options

Approval of a program for an individual hearing-impaired preschool child is dependent upon the following provisions:

- . . . . assessment of individual need
- . . . . continuing evaluation for possible change in program
- . . . . provision of qualified supervision
- . . . . multiple service options
- . . . . formal assessment of the program
- . . . . in-service training for teachers

DESCRIPTION OF A COMPREHENSIVE PRESCHOOL PROGRAM

The local school district shall take the initiative to determine the nature and extent of the educational program designed for an individual hearing-impaired child below school age (4-21), in consultation with the Hearing Consultant in the Minnesota Department of Education and other appropriate special education resource personnel.

Such a program shall include the following components:

A. Parent Counseling and Guidance, in an individual or group setting

There is a common body of interdisciplinary knowledge which must be presented informally to parents through group and individual meetings and conversations. Although the special education counselor remains the primary contact with individual families, specialists are used as resource help to provide information concerning:

- . . . . realistic acceptance of their child's disability
- . . . . knowledge of the auditory defect itself and its implications for training residual hearing
- . . . . acquaintance with physical, social, emotional, intellectual characteristics of preschool children
- . . . . parental acceptance of their attitudes and feelings toward themselves and their hearing-impaired child
- . . . . understanding of linguistic growth in children
- . . . . development of a stimulating home environment
- . . . . promotion of lingustic growth through linking of conversation with child-ecntered activities in the home

In addition, the parent counselor-tutor may draw upon the special skills of the school social worker or other professional resources within the school district or available through appropriate community agencies for expansion of services to the child and his parents.

B. Individual Tutoring (acoustic and linguistic stimulation)

This is an essential supplement to possible group activities for a preschool hearing-impaired child. It may be offered in a family home, in a demonstration home setting, regional center, or public school facility. The period of instruction must involve parent participation and stress communication skills:

- . . . . development of speechreading (lipreading) skills
- . . . . concern for intonation, rhythm, inflection of speech
- . . . . auditory stimulation through the use of a hearing aid
- . . . . expansion of concepts through a learn-by-doing utilization of a child's experiences

C. The Nursery School Setting

The integration of hearing-impaired children of preschool age in a nursery school for hearing hearing children is highly desirable. The proper nursery setting, offering free activities and little time for individual or specific instruction, is essential for linguistic, physical, and social development of a hearing-impaired child.

The nursery school teacher who works in this setting links conversation with child-centered activities involving large muscle equipment, sand toys, story-telling, rhythmics, and group games. The hearing-impaired child who is surrounded by meaningful speech and language is motivated to vocalize, speechread, and utilize his residual hearing to the fullest.

Placement of a hearing-impaired child in a nursery school is not automatic but usually desirable. If the child is making acceptable linguistic progress at home, or has many social experiences with young brothers and sisters or neighborhood friends, this may be sufficient. If the child's needs cannot be met at home in terms of speech and language and social development or the effective use of residual hearing, supplemental programming in group activities is essential.

The recommended ratio is one hearing-impaired child to every four hearing children.

When an individual school district or regional center does not have available an appropriate public school community, or private nursery class, a program of group activities designed only for hearing-impaired preschool children may be developed in consultation with the Hearing Consultant in the Minnesota Department of Education.

D. Home Visitation

The setting for parent counseling may be in a Demonstration Home or in the child's home.

SITE

The home, the community, and the public school building itself all offer potential stations in which instruction may take place.

The facility in which the function of educational service to a hearing-impaired preschool child and his family can be implemented determines the program approval.

Description of the educational program must include outline of the use of a particular facility, showing it to be appropriate and adequate for the function described and complying with standards established by the Department of Public Welfare for nursery school facilities.

The responsibility to initiate the program and serve as catalyst lies with an individual school district. It may elect to:

- . . . . use its own facilities and personnel to provide program supervision
- . . . . contract with another, more appropriate district or agency for facilities or personnel
- . . . . pool resources to develop a regional, inter-district program

QUALIFICATIONS OF PERSONNEL

During the preschool years, the primary focus is upon educational management of the hearing-impaired child.

Since the professional person relating to the hearing-impaired child and his family holds a dual role as parent counselor and individual child tutor it is necessary that this individual hold currently valid certification as a teacher of the hearing-impaired, speech and hearing clinician, or certified audiologist. The individual providing the group activities shall hold certification for nursery-kindergarten or primary grades. Any individual relating professionally to a hearing-impaired child and his family in an on-going capacity must had preservice or in-service coursework in the area of child development and language development.

The teacher of preschool hearing-impaired children must have background training in

- . . . . child growth and development
- . . . . conditions of human learning
- . . . . language development
- . . . . interests, attitudes, developmental needs of preschool children
- . . . . observation and practicum in development of speech and language in prelingually hearing-impaired children

A nursery school aide needs no professional certification but must work directly under the supervision of a certified individual. Her personal skills should include a pleasing personality, an expressive face, the ability to relate to young children under challenging circumstances, and adaptability to varying assignments.

CLASS SIZE

A program may be provided for a single hearing-impaired child or for a group. The ratio of one hearing-impaired child to four hearing children in a group nursery setting, with one adult assigned to each five children, has been proposed as a guide for estimating balance in an integrated program. The premise is that an integrated nursery program is the most desirable arrangement for most children.

In the instance where an integrated program is not possible or appropriate, the ratio of hearing-impaired children to teacher will be dependent upon the nature of child needs and the amount of supportive help (teacher aides) that is supplied. The objective is the linking of adult conversation with the child's activity at the moment, for linguistic and conceptual development.

EVALUATION OF THE PROGRAM

Evaluation of the effectiveness of a preschool program for the hearing-impaired child and his family should consider attitudinal changes in parents, behavioral changes in the child, expansion of his conceptual development, receptive and expressive language, as well as the reactions of educators and parents to the comprehensive preschool program itself.

STATE REIMBURSEMENT

A program including any or all of the following components shall be eligible for reimbursement:

- . . . . Parent counseling and guidance, through individual and/or group therapy sessions
- . . . . Home visitation (family domicile or Demonstration Home)
- . . . . In-service training of nursery teachers
- . . . . Preschool group educational activities (Nursery School)
- . . . . Parent's workshop
- . . . . Individual tutoring of a preschool hearing-impaired child
- . . . . Site visitation of a nursery school serving a hearing impaired child

A written contract is required, submitted on Form F65-51 to the Special Education Section of the Minnesota Department of Education for approval.

The general pattern of reimbursement for the special education services offered school age hearing-impaired children will be followed.

- . . . . two-thirds (2/3) the hourly rate paid to a teacher holding appropriate certification, to a maximum of $4.90 per hour
- . . . . two-thirds(2/3) the hourly rate paid to a teacher aide working directly under the supervision of special education personnel
- . . . . $4,400 per year for each full-time professional staff member employed to serve in an approved program and holding appropriate certification

The general pattern of reimbursement for special education supplies and equipment in classes for children with special education needs will be followed.

- . . . . 50% of supplies and equipment, to a maximum of $50 per child, whichever is less
- . . . . standard rates of reimbursement will apply for necessary hearing evaluations to determine eligibility of children to enter the program

Approval of a nursery school program for a hearing-impaired child in contingent upon periodic in-service training of the nursery school teachers serving hearing-impaired children as well as periodic site visitation of the nursery school by special education personnel providing the individual tutoring and responsible for the supervision of the comprehensive program for the hearing-impaired child and his family.

Any district wishing to apply for a preschool program for hearing-impaired children using federal monies, must contact the Special Education Section, Minnesota Department of Education, to determine appropriate financing.

FOUNDATION AIDS

Foundation aids will be prorated on the usual basis. If a preschool hearing-impaired child is receiving instruction for two periods a week, on separate days, he would earn 1/2 unit for each session in attendance.

The foundation aid will be .5 (one-half unit) based upon average daily attendance.

TRANSPORTATION AIDS

Minnesota laws provide transportation aid to handicapped children. The standard transportation aid is applied for through the School Transportation Section, State Department of Education, where appropriate applications and contracts can be secured.

QUESTIONS AND ANSWERS

1. How often are a parent and child seen?

   There is a wide variation in educational programming for the hearing-impaired child and his family. The skill of the parent and the child's progress in language acquisition govern the pattern. At the beginning, contracts may need to occur once a week. The interval between parent counseling sessions may gradually be extended to three or four weeks apart as the parents' progress reports indicate their understanding and successful application of the natural language approach to encouraging receptive and expressive language in a hearing-impaired child.

2. When does individual tutoring of a preschool hearing-impaired child begin?

   Individual tutoring precedes and parallels group activities and continues through the complete educational process during the preschool years. The ammound of individual tutoring depends upon the age and maturity of the child. The triangulation of parent, teacher, and child is essential for continuity in the training of residual hearing and the development of speechreading (lipreading) and oral language skills in the child.

3. How often should group activities be held?

   A hearing-impaired child around the age of two and a half or three might be programmed into a hearing nursery class two or three mornings a week. The amount of time and number od days a hearing-impaired child is enrolled in a group nursery school program should be determined by his individual needs and tolerance.

   In addition, he would receive an individual lesson of varying length and frequency involving parent participation in the auditory and language experiences directed to the child during the tutoring sessions. The individual parent counseling period which followed the lesson would be concerned about reports and questions by the mother concerning the child's present level of functioning in all areas of growth and development.

4. Are only hard-of-hearing children candidates for a hearing nursery?

   No, a deaf child is eligible also. All hearing-impaired children, with a loss ranging from mild to profound, can be eligible. The objective of nursery school experience is to motivate a child to listen, to respond, and to utilize his residual hearing to the fullest. The audiogram, therefore, is not the determinant for eligibility. Surrounded by active and communicating hearing peers, toys, and exciting learning experiences in a meaningful sound environment, a good foundation is laid in the hearing-impaired preschool child for communication of ideas through lipreading and speech.

5. How long does parent counseling and guidance continue?

   This is a dynamic process continuing in some form throughout the school years. It begins immediately upon the diagnosis of hearing loss and as long as the child is enrolled in a public school program. The counsel may transfer to another agent once the child enters a formal school program.

6. What of the multiply-handicapped child and his parents.

   Diagnosis and evaluation are often imprecise, as they relate to the very young hearing-impaired child who may give additional evidence of a physical, social, or mentally-handicapping condition which interferes with normal speech and language growth.

   A child suspected of being multiply-handicapped should be entered in a program for diagnostic teaching to determine whether he would benefit from the special education program for hearing-impaired children.

   The parents of a multiply-handicapped child should receive separate group and individual counseling. The goals and objectives designed for them should give realistic support to their present level of need and learning, based upon the child's demonstrated level of ability.